

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Y.G. H.S.	956 866	09/21/01 11-28-01

Response

### INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| ÷ | Restricted                 | O | Objected     |

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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